Division of Child Support Enforcement
AUTHORIZATION AGREEMENT FOR AUTOMATIC SUPPORT PAYMENTS

☐ Request to establish a new Auto Pay account   ☐ Request to change the existing Auto Pay

If you fail to provide all the information requested on this form your request will not be processed.

I authorize DCSE or its authorized agent under **A.R.S. §46-441** to begin electronic monthly deductions (electronic funds transfers) from my checking/savings account to pay the support court order amount in my ATLAS case _____. I authorize the financial institution listed below to accept and to charge or credit my account and make corrections, if necessary. My account can be credited if any erroneous electronic debit entry amount were processed if: 1) the obligation to pay support has ended or, 2) if all arrears have been paid.

I understand that if I have any reason to believe that I have fulfilled my obligation, I must contact DCSE before my account is changed and *that changes to this Auto Pay method do not affect the status of my obligation to pay support*. This authorization will stay in effect until I provide written notice to DCSE or its authorized agents of its termination in such time and in such manner as to allow DCSE or its agents five (5) business days to act upon on it. I understand that the Clearinghouse or its authorized agents may terminate this authorization by mailing the notice to my last known mailing address. **I will keep the Division of Child Support Enforcement or its agent informed of any address change that may occur. I understand that failure to do so will result in undelivered support payments.**

Please complete the requested information below, sign / mail the completed authorization form <u>with a voided check</u> to:
Division of Child Support Enforcement (DCSE), Attention: Auto Pay Unit at P.O. Box 36626, Phoenix, AZ 85067.

<u>BASIC CASE INFORMATION</u>
ATLAS Case No.:_____ Court Order/Case No.:_____ County:_____

Name:_____ Social Security No.: _____/_____/_____   Current support amount $_____

Current Mailing Address: _____ City: _____ State: _____ Zip Code:_____
Phone No. (_____) _____/_____

<u>DEBITING INFORMATION:</u>
Financial/Bank Information:
Financial Institution Name:_____   **Check one:** ☐   Savings Account   ☐   Checking Account

_____   _____   _____   _____
Account Number   Bank Routing Number   Account Owner Name   Secondary Owner Name

Auto payments can only be debited on the following dates, the 1st (first), 15th (fifteenth) and 22nd (twenty-second).
If the debit date falls on a weekend or holiday, the debit will occur the first business day after the weekend or holiday.

DEDUCTIONS 1 TIME PER MONTH			
/ /	$		
Date to Debit Account	Amount + Fee		
DEDUCTIONS 2 TIMES PER MONTH			
/ /	$	/ /	$
Date to Debit Account	Amount + Fee	Date to Debit Account	Amount

_____   _____
SIGNATURE   DATE

For official use only: ☐ IV-D case   ☐ Non-IV-D case

Auto Pay-W
3/2/2005